

[illegible]**Filing Date**

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
9			/		/	
10			/		/	
11			/		/	
12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
Total Indep			2		2	
Total Depend			13		12	
Total Claims			15		14	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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99						
100						
Total Indep						
Total Depend						
Total Claims						